

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **642187** (9)

1. Corporation Name
LECTRANATOR SYSTEMS, INC.

Principal Place of Business Mailing Address
5755 POWERLINE ROAD FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/18/1979**
3a. Date of Last Report **04/29/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1944774		Applied For Not Applicable	
21	22	26	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for registration by reason of 100% FID Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

**KENT WILLIAM A
5755 POWERLINE ROAD
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code
		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent of the Corporation)

(Signature of Registered Agent or Registered Agent of the State)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11a. TITLE	P KENT WILLIAM A 5755 POWERLINE ROAD FT. LAUDERDALE FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11b. NAME		12. NAME	
11c. STREET ADDRESS		13. STREET ADDRESS	
11d. CITY, ST, ZIP		14. CITY, ST, ZIP	
11e. TITLE	VT CHISLING, GARY 5755 POWERLINE RD. FT. LAUDERDALE FL	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11f. NAME		22. NAME	
11g. STREET ADDRESS		23. STREET ADDRESS	
11h. CITY, ST, ZIP		24. CITY, ST, ZIP	
11i. TITLE	VT KENT, GERA 5755 POWERLINE ROAD FT. LAUDERDALE FL	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11j. NAME		32. NAME	
11k. STREET ADDRESS		33. STREET ADDRESS	
11l. CITY, ST, ZIP		34. CITY, ST, ZIP	
11m. TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11n. NAME		42. NAME	
11o. STREET ADDRESS		43. STREET ADDRESS	
11p. CITY, ST, ZIP		44. CITY, ST, ZIP	
11q. TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11r. NAME		52. NAME	
11s. STREET ADDRESS		53. STREET ADDRESS	
11t. CITY, ST, ZIP		54. CITY, ST, ZIP	
11u. TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11v. NAME		62. NAME	
11w. STREET ADDRESS		63. STREET ADDRESS	
11x. CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 1, on block 13 if it changed on such attachment with such change.

SIGNATURE:

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

Gary Chisling

4-19-95

305-772-6966